



Dante Alighieri Society of Western Australia Inc.

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ENROLMENT FORM - CHILDREN CLASS 2019 - Term 4

PLEASE NOTE THAT TERM 4 BEGINS ON THE 14th OCTOBER AND ENDS ON THE 14th DECEMBER

Please print clearly

Student's Surname: _____ Name: _____ Age: _____

Address: _____

Mobile: _____

Suburb: _____ Postcode: _____

Email: _____

Parent/guardian: _____ Emergency contact: _____

Please least any special need or allergies of student: _____

Please enrol my child in the following class: **SATURDAY 12.30pm**

Class fee per student: \$60 per term

Payment options (please circle your preference):

1. Cash or Cheque in person at Dante Office Tuesdays and Thursdays 10.00am to 12.00pm
2. By direct transfer to the *Dante Alighieri Society* **BSB 036 004 Acc 100 791**
- Please quote student's full name as reference -

Proof of electronic transfer payment must be attached to your enrolment form or emailed

Conditions: course fees **to be paid in full before** commencement of the first class.

Signed: _____ Date: ____/____/____ If you would like a receipt please tick

Office Use Only:

CHEQUE

CASH

DT DEPOSIT

Date: ____/____/____

Paid: \$ _____

Receipt: _____

Processed by: _____ Date: ____/____/____